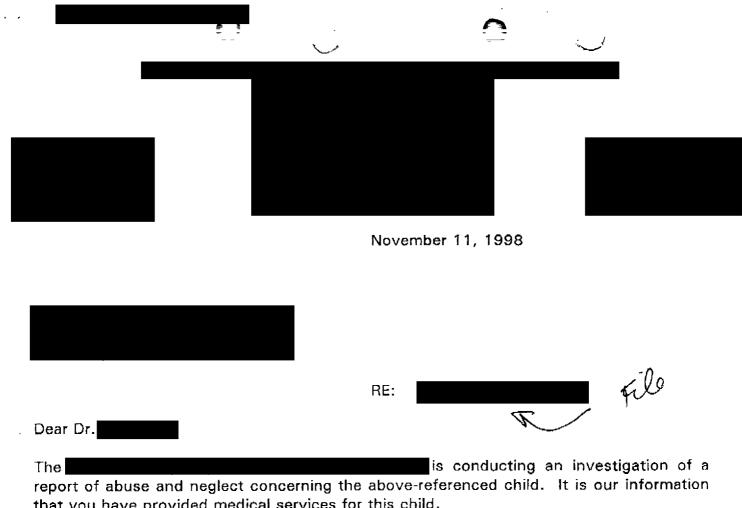
## Food and Drug Administration Center for Food Safety and Applied Nutrition Office of Special Nutritionals

ARMS#

13072



8 - OTHER



that you have provided medical services for this child.

is the social worker conducting this investigation. Pursuant to hereby request that this social worker be allowed to examine the records concerning this child. Please fax this information to the above named social worker at soon as possible or at your earliest convenience.

We sincerely appreciate your cooperation in this matter.

Sincerely,

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CC # EDR-2789 CFSAN Project # 13072 11/23/98 EJB

p. <u>1</u> of <u>22</u>

ationt Name:			Social Security	No.:
Midete:		Date(s) of Treatme	nt: 8 21 - 31 98	
formation to be rele	ased from: Name	/Agency:		<u> </u>
	Addre	988:		
5			Ì	•
<b>*</b>	sed to: Name	Agency: U.S.	good . Drug Adr	ninistration
	Addre	88: 5701 E	xecutive Center Dr	ive: Suite 104
	12-14-98		e NC 2821	•
Purpose for Helease	,,	attn: Eil	een Jannerman	
Other (specify):				
. I understand the	r psychiatric Impair	ments, HIV and/or A Lvoluntarily, Lunders	ide information regarding IDS or physical condition tand that the information without my further writer	t 10 by wheted a public
I certify this au under state and by state and for Lunderstand I	l federal laws and c deral law. may rayoke this au	thorization at any tin	ne, except to the extent to six months from date of	ral actor has directly to